

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN** M/HSee Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Robert E. Chencinski, Jr.</b>		COURT CASE NUMBER <b>08C3130</b>
DEFENDANT <b>Sheriff Thomas Dart, et al.</b>		TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b> →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Superintendent Anderson, Supervisor, Cook County Department of Corrections, Div. Six</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C.C.J., C/O Legal Dept., 2700 S. California Ave., 2nd. Flr. Div. 5, Chicago, IL 60608</b>	
<b>AT</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Charles Thomas Siedlecki**  
**Siedlecki & Associates**  
**10540 South Western Avenue, Suite 410**  
**Chicago, IL 60643**

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

4

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):  
Fold

Fold

**FILED**7-16-2008  
JUL 16 2008**MICHAEL W. DOBBINS**

Signature of Attorney or other Originator requesting service on behalf of:

**CLERK, U.S. DISTRICT COURT**  
☐ EXPLAINTIVE  
☐ DEFENDANT

DATE

06-24-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>2 of 4</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>Td</b>	Date <b>06-24-08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Officer Ronna Fernandez**☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service  
**7/10/08** Time  
**12:00** am

Signature of U.S. Marshal or Deputy

Service Fee <b>96.00</b>	Total Mileage Charges (including endeavors) <b>6.79</b>	Forwarding Fee <b>0</b>	Total Charges <b>102.79</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>102.79</b>	Amount of Refund <b>0</b>
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REMARKS:

**1 DUSM**  
**14-miles**  
**2-Hours**